

Resources for Accountable Care Communities

Much of the work of an Accountable Care Community (ACC) relies on effective communication among partners, as well as strong data collection and analytics capabilities. Information technology (IT) infrastructure is key to achieving both aims. When implementing a screening and referral system, IT systems can help streamline the screening process, connect people to needed resources, collect data on the outcomes of the referral process, and allow partners to communicate about individuals receiving services. Taken together, the state standardized screening questions and NCCARE360 (see Chapter 3 for descriptions) can provide the technical backbone for these important ACC efforts.^j The time, effort, and expense required for local ACCs to review the variety of existing screening and referral tools and agree on a path forward can be saved by using these state-developed resources. These resources also have the added benefit of providing systems that facilitate communication and coordination between health care and human services organizations. Because of the important role these resources play in assessing and addressing health-related social needs and the potential unified, statewide approach they provide, the Task Force recommends:

RECOMMENDATION 4.1: DEVELOP AND DEPLOY THE STANDARDIZED SCREENING QUESTIONS AND NCCARE360

- a) The North Carolina Department of Health and Human Services should finalize and publish the standardized screening questions, as planned.
- b) NCCARE360 partners, in developing and deploying NCCARE360, should:
 - i) Seek input from members of the community, human services organizations, and health care providers (including care managers) on the direction, alignment, and implementation of NCCARE360, as well as the curation of resources available on the Platform.
 - ii) Implement plans to ensure the platform:
 1. Integrates the standardized screening questions.
 2. Is available for use by health care and social service providers, individuals, and others who may screen and refer for health-related social needs.
 3. Updates human services organization information and public benefit eligibility with up-to-date information to ensure the platform is current and usable for providers and patients.
 4. Allows human services organizations to submit or update information about their services and capacity to serve clients.
 - iii) Implement their minimum data security qualifications for organizations interested in sharing individuals' data related to health-related social needs.

MUCH OF THE WORK OF AN ACCOUNTABLE CARE COMMUNITY (ACC) RELIES ON EFFECTIVE COMMUNICATION AMONG PARTNERS, AS WELL AS STRONG DATA COLLECTION AND ANALYTICS CAPABILITIES.

- iv) Provide education, in-person training, and technical assistance to human services organizations around NCCARE360's purpose, implementation, and on-boarding.
- v) Develop an Advisory Council to provide a voice to stakeholders in the development and deployment of NCCARE360.
- vi) Develop outreach plans and training materials for marketing and education on the purpose and features of the platform and should seek input from human services organizations, users, health care providers, and other stakeholders on these plans and materials.

Screening for health-related social needs is a sensitive matter that should involve considerations of trust and privacy. To have a successful screening process, individuals being screened need to trust that their information is safe and will be shared in a limited way to improve their health or access to services. Screening should be non-judgmental, performed by trained staff, offered in private settings, and enhance access to services. National standards for privacy of patient data are detailed in the Health Insurance Portability and Accountability (HIPAA) Act of 1996. HIPAA covered entities (i.e., health plans, clearinghouses, and certain health care providers) must follow strict privacy rules with patient information.

NCCARE360 has embedded plain-language informed consent into the platform and consent is required for information exchange within the platform. Payers, health care providers, and human services organizations will also need to consider what additions may need to be made to their regular informed consent procedures to account for new screening and resource referral efforts. To ensure that individuals screened for health-related social needs understand the purpose of the screening and how their information may be shared, the Task Force recommends:

RECOMMENDATION 4.2: ENSURE INDIVIDUALS ARE INFORMED ABOUT PERSONAL DATA COLLECTION AND SHARING

- a) Prepaid Health Plans, private insurers, the State Health Plan, health care providers, and human services organizations should ensure that guidelines around informed consent are followed before sharing client information collected through the standardized screening questions or NCCARE360. This includes informed consent in plain language that describes how the information will be used, how it may be shared, and with whom it may be shared with (e.g., Prepaid Health Plans, providers, human services organizations).

^j NCCARE360, NC Resource Platform is one part of NC DHHS' infrastructure for creating "Healthy Opportunities" for all North Carolinians. See Chapter 3 for more information.

b) The North Carolina Department of Health and Human Services should require Prepaid Health Plans to use plain-language informed consent prior to sharing information collected by the standardized screening questions with a non-Health Insurance Portability and Accountability Act (HIPAA) covered entity (if not completing screening through NCCARE360).

c) Private insurers, the State Health Plan, health care providers, and human services organizations should use plain-language informed consent prior to sharing information collected by the standardized screening questions, if one of the entities is not a Health Insurance Portability and Accountability Act (HIPAA) covered entity (if not completing screening through NCCARE360).

The greater the adoption of the standardized screening questions and NCCARE360 among health care providers and systems, human services organizations, ACCs, and other stakeholders, the more streamlined efforts will be to address health-related social needs. By providing a subsidized system, the organizations involved, including NC DHHS, expect NCCARE360 to become a shared utility that is used by all of these stakeholders. Consistent approaches to screening and referral throughout the state will make it easier for providers and clients who live and work across communities to navigate systems to address health-related social needs. Therefore, the Task Force recommends:

RECOMMENDATION 4.3:

IMPLEMENT SCREENING AND REFERRAL PROCESS ACROSS HEALTH CARE PAYERS, PROVIDERS, HUMAN SERVICES, AND SOCIAL SERVICE ENTITIES

a) To ensure people are both screened and connected to appropriate community resources and to maximize efficiencies across the state, all Accountable Care Community partners should:

- i)** Use the standardized screening questions and NCCARE360.
- ii)** Review the optional domain items identified by the North Carolina Department of Health and Human Services and determine what items are appropriate to include with the core measures of the North Carolina standardized screening questions for populations in their community.

b) To facilitate the use of the standardized screening questions and NCCARE360, the North Carolina Department of Health and Human Services should:

- i)** Require screening of enrollees in Prepaid Health Plans, as stated in the Request for Proposals for Prepaid Health Plan Services.⁶⁴
- ii)** Require Prepaid Health Plans to share results of the standardized screening questions with Advanced Medical Homes for individuals receiving care management through those practices, as stated in the Request for Proposals for Prepaid Health Plan Services.
- iii)** Encourage use of the screening questions by:
 1. All individuals applying for public benefits.
 2. All enrollees in traditional Medicaid.
 3. All individuals enrolled in Advanced Medical Home practices.

NCCARE360 WILL BE A SHARED UTILITY THAT IS USED BY ALL STAKEHOLDERS.

iv) Support NCCARE360 developers as they work with providers and community agencies to develop and adopt protocols and work flows for using the Platform to address the needs of, and ensure follow-up with, individuals whose screening results indicate they could benefit from additional resources.

c) Medicaid insurers, private insurers, the State Health Plan, the NC Navigator Consortium, health care systems, independent providers, local health departments, safety net providers, and human services organizations should use the standardized screening questions to identify unmet resource needs and use NCCARE360 to refer and navigate individuals whose screening results indicate they could benefit from additional resources to appropriate community resources.

In the event that ACC partners choose to develop their own IT and data-sharing tools, their work will need to be interoperable with the state-based data systems that exist and those that are being developed. Minimum requirements to do so should incorporate standard document exchange methods, such as Health Level 7 interfaces or Fast Healthcare Interoperability Resources web services⁶⁵, and comply with all state and federal privacy laws. IT systems also will need to comply with state and federal privacy laws. It is likely that NCCARE360 will serve the data-sharing and collection needs of ACC partners and will remove the need for independent IT system development. To ensure that any IT infrastructure independently developed by ACC models is compatible with the state-based data systems, the Task Force recommends:

RECOMMENDATION 4.4:

FACILITATE DATA SHARING AND COMPATIBILITY

Any data systems developed to support an Accountable Care Community model should incorporate standard document exchange methods, such as Health Level 7 (HL7) interfaces or Fast Healthcare Interoperability Resources (FHIR) web services and be compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal privacy laws.

Developing a Workforce to Meet the Needs of ACCs

The work of screening, connecting individuals to community resources, and managing their care/cases can be done by a wide range of staff including social workers, navigators, care managers, and community health workers. Staffing decisions will vary across organizations involved in an ACC. An important component of the work of an ACC is to assess which organizations are already screening and referring for health-related social needs and which need to develop this capacity. Some human services organizations and health care providers may already be screening for needs; however, approaches and staff capacity for doing so varies greatly. ACC partners will need to evaluate workflow and determine if this work can be done by existing staff or if new staff will be needed. If new staff is needed, organizations should determine the type of professional best suited for completing these tasks, keeping in mind the organization's culture and potential workflow.

CARE MANAGER

A specially-trained professional who works with individuals and families. Their roles can include completing assessments of health status and health-related social needs, creating care plans, organizing appointments and care, monitoring patient status, and training on patient self-management.

-Assisted Living Comparison Experts, UNC-Chapel Hill, <http://alce.unc.edu/blog/care-managers-what-do-they-do-and-how-can-i-find-one-2>

COMMUNITY HEALTH WORKER

"A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." Other terms for this role include community health liaison, lay health advisor, and promotora.

-American Public Health Association, <https://www.apha.org/apha-communities/member-sections/community-health-workers>

Health care systems, community health centers, and insurers may already work with community health workers and care managers in some capacity. These professions can play an integral role in addressing the health-related social needs of patients. Community health workers commonly come from the same communities they serve and share similar ethnicity, life experiences, socioeconomic status, and language. Their personal background can often gain them trust with the community and the individuals they serve, making them effective interprofessional care team members, particularly when addressing health-related social needs. Research shows that community health workers are effective at helping people address health-related social needs,⁶⁶ reducing urgent care and inpatient utilization^{67,68}, improving health outcomes⁶⁸, and in many cases producing cost savings.⁶⁸

COMMUNITY HEALTH WORKERS AND CARE MANAGERS CAN PLAY AN INTEGRAL ROLE IN ADDRESSING THE HEALTH-RELATED SOCIAL NEEDS OF PATIENTS.

Care managers also help patients navigate the many medical and non-medical issues they have, helping to improve patient outcomes. Like community health workers, care management programs have been shown to improve primary care quality and outcomes⁶⁹, decrease emergency room and inpatient care⁷⁰, and decrease patient costs.⁷⁰ With the growth of value-based payment arrangements, health care providers and insurers have incentives to use the skills of these professionals to address individuals' health-related social needs. Organizations employing these professionals are essential partners in ensuring there is an adequate workforce to address the needs of patients and also play a role in ensuring that these professionals' expertise is maximized.

Currently there is a reliance on grants and contracts of three years or less to fund community health worker positions.⁷¹ This arrangement leaves these workers and programs open to unpredictable funding conditions and potential job loss. An expansion of payment mechanisms to support the work of community health workers could provide more job stability and lead to greater use of these effective professionals. Unlike community health workers, payment for care management has been more incorporated into health care. Private payers are beginning to pay for care management services either through direct payment or by paying for outcomes that care managers can help to improve.⁷² Even before the transition to managed care, North Carolina has used care management for the individuals enrolled in Medicaid through Community Care of North Carolina. Community Care of North Carolina provides care management services for people enrolled in Medicaid by working in hospitals and medical practices. Services are paid for as part of the per member, per month payment from the state. After Medicaid transformation, Prepaid Health Plans will receive capitated payments to serve people enrolled in Medicaid and provide care management services through the Prepaid Health Plans or through advanced medical home practices (Tier 3 and 4) that will take on care management responsibilities⁷³

Health care organizations, payers, and other stakeholders will need to consider the roles of community health workers and care managers in addressing health-related social needs as part of overall ACC efforts. First, to ensure an adequate workforce supply into the future, a pipeline of students is needed from a young age through high school, community college, and university levels with an interest in entering these professions. Next, adequate payment is needed to retain these professionals once they join the workforce. Further, community health workers should be recognized for their contributions as interprofessional care team members. Establishing these roles with the professional status they deserve and recognizing their contributions to the interprofessional care team can build trust and develop a basis for effective team communication. Additionally, professionals serving in these roles

COMMUNITY HEALTH WORKERS AND CARE MANAGERS SHOULD BE ENCOURAGED AND INCENTIVIZED TO OBTAIN AVAILABLE CREDENTIALING AND CERTIFICATION.

should have the same access to patient health records or electronic documentation as other team members to maximize their effectiveness, particularly if they will be instrumental in the implementation of a screening and referral protocol for health-related social needs. Finally, to continue to build on their experience and knowledge, these professionals should have access to continuing education on health-related social needs. Community health workers and care managers should be encouraged and incentivized to obtain available credentialing and certification to strengthen their skills and perceptions of their professional status as interprofessional care team members. Among the recommendations of a recent report from the North Carolina Community Health Worker Initiative (described in Chapter 3), the need for development of a certification process for community health workers in North Carolina is highlighted.⁵⁷ This would help to standardize community health worker training and improve credibility with other interprofessional care team members.⁵⁷ Other recommendations in the report define community health worker roles and responsibilities, core competencies, and curriculum.

To support the workforce needs of ACCs, increase interprofessional understanding of health-related social needs, and provide payment for health care workers addressing these needs, the Task Force recommends:

RECOMMENDATION 4.5: **DEVELOP, EXPAND, AND SUPPORT THE HEALTH CARE WORKFORCE TO BETTER ADDRESS HEALTH-RELATED SOCIAL NEEDS AND HEALTH EQUITY**

- a) The North Carolina Area Health Education Centers and health professional associations should help raise awareness and create opportunities to educate current health care professionals on the effect that health-related social needs have on health, how interprofessional health care team members can help to assess the needs of individuals, and how to support Accountable Care Community models.
- b) The North Carolina Community College System, colleges and universities, North Carolina Area Health Education Centers, health care training programs, health care systems, and providers across the state should:
 - i) When possible, collaborate to develop interprofessional team-based care and training for all members of health care teams to understand the impact of health-related social needs on health, how health care team members can help to assess the needs of individuals, and how to work as a team to support Accountable Care Community models.

- ii) Develop a pipeline for high school students interested in health care fields, including community health work and nursing or social work care management, in order to expand the workforce capacity for Accountable Care Community needs.

- iii) Study and implement effective methods to improve the diversity of the health care workforce to reflect the diversity of the communities being served.

- c) The North Carolina Department of Health and Human Services, the North Carolina Community College System, colleges and universities, North Carolina Area Health Education Centers, and, once developed and in place, the North Carolina Community Health Worker Certification and Accreditation Board, should support the implementation of the findings of the North Carolina Community Health Worker Initiative.

- d) Health care organizations using care management services, as well as providers of care management services, should educate staff on the association of health-related social needs with health outcomes and how care managers can help in the assessment and referral process.

- e) Payers and health care providers should:

- i) Continue to develop new payment and delivery models that support the work of community health workers, health coaches, care managers, care coordinators, and other emerging roles.

- ii) Ensure that care management services are provided to people who have high unmet health-related social needs, but who do not currently have high medical costs.

Addressing Needs of the Human Services Sector to Meet ACC Goals

Discussions around ACC activities often task human services organizations^k with providing nonclinical resources and services responsive to individuals' health-related social needs. This discussion often assumes that human services organizations are prepared to respond to an increase in referrals once ACC partners begin to evaluate individual needs, and that providing payment for services rendered will be sufficient to cover associated costs.

However, the human services sector is not adequately prepared to be a viable partner with healthcare organizations in a value-based system. The sector has been underfunded and under-organized for decades,

THE HUMAN SERVICES SECTOR IS NOT ADEQUATELY PREPARED TO BE A VIABLE PARTNER WITH HEALTHCARE ORGANIZATIONS IN A VALUE-BASED SYSTEM. INVESTMENTS IN THE CAPACITY OF HUMAN SERVICES ORGANIZATIONS ARE NEEDED.

^k An organization that provides services that help people “stabilize their life and find self-sufficiency through guidance, counseling, treatment and the providing for of basic needs.” HumanServicesEdu.org. *The Definition of Human Services*. <https://www.humanservicesedu.org/definition-human-services.html#context/api/listings/prefilter>

UNLESS RESOURCE, STRUCTURAL, AND SYSTEMIC ISSUES ARE ADDRESSED, HUMAN SERVICES ORGANIZATIONS WILL NOT BE ABLE TO PARTICIPATE AS FULL PARTNERS IN ADDRESSING POPULATION HEALTH NO MATTER HOW MANY REFERRALS THEY RECEIVE AND FOR WHICH THEY ARE COMPENSATED.

comprised of organizations that largely operate independently of one other. As such, a human services “system” does not exist. Furthermore, there are no local or statewide associations in North Carolina that represent and advocate for the interests of this sector. As a result, relationships with government, philanthropy, and health care providers tend to be transactional at best.

The status of the sector is well-documented in the recent report by the Alliance for Strong Families and Communities, *A National Imperative: Joining Forces to Strengthen Human Services in America*. Against the backdrop of an increasing need for human services — driven by income inequality, lagging student achievement, an aging population, and the challenge of the opioid epidemic — the financial stability of the human services sector is deeply threatened. According to the study’s findings, too many human services organizations operate under persistent deficits, have few or no financial reserves, and lack access to capital to invest in technology and modern data sharing tools.⁷⁴ Addressing these complex and interrelated challenges requires a comprehensive response by nonprofits, government, and the philanthropic community.

In order to deliver better outcomes, investments in the human services sector are needed to develop its capacity for innovation, including improved data sharing and analysis, better deployment of technological strategies, adoption of best practices, and sharing knowledge of effective solutions. This also means adopting more robust financing and financial risk management capabilities and developing strategic partnerships to broaden reach and deepen results. Unless resource, structural, and systemic issues are addressed, human services organizations will not be able to participate as full partners in addressing population health no matter how many referrals they receive and for which they are compensated. As such, some leaders in this sector are advancing innovative solutions, such as arrangements like shared service organizations that can help consolidate some of the administrative work among human services organizations¹ in a community.

The human services sector will need to become better informed and be re-formed for human services organizations to participate as full partners in an ACC-style model in a collaborative (rather than instrumental) manner. This will enable human services organizations to take cooperative

action based upon mutual deliberation and transparency, grounded in respect for and acceptance of the critical role that each sector brings to the process. The capacity of human services organizations to participate in ACC models must be bolstered by strengthening administrative, human resource, and technological functions. At the same time, the funding and regulatory environment that undermines the sector’s stability needs to be addressed.

To begin the process of understanding the challenging issues that human services organizations are facing and to develop a path forward, the Task Force recommends:

RECOMMENDATION 4.6: STRENGTHEN THE HUMAN SERVICES SECTOR

- a) Philanthropies should promote the convening of an intersectoral work group, including leaders from state and local government, health care (i.e., providers, insurers, Prepaid Health Plans), community members, philanthropy, and the human services sector, to:
 - i) Determine strategies human services organizations can use to increase their capacity to track outcomes; share information across programs, organizations, and government divisions and departments throughout the state; and use outcomes as evidence of effectiveness for funding purposes. This should include a review of how NCCARE360 can be used to achieve these goals and how the intersectoral work group can promote the adoption of the Platform by human services organizations.
 - ii) Promote and incentivize human services organizations and stakeholders (e.g., Prepaid Health Plans and health care providers) to invest in experimentation, innovation, and information technology infrastructure that foster cost-effective models of service delivery in order to achieve integrated health systems.
 - iii) Encourage payment models that promote partnership and collaboration between health care and human services organizations.
 - iv) Explore and generate a plan of action for how health care funding streams can be used to support services to address health-related social needs delivered by human services organizations.
 - v) Identify, or develop plans to form, an entity that can provide consultation to enable human services organizations to improve financial management, contracting processes, and coordination/ collaboration within the human services sector. This entity should help human services organizations understand Medicare, Medicaid, and private insurance payment opportunities as part of a financial services portfolio.
 - vi) Determine how to increase the sector’s capacity to attract, retain, and provide opportunities for advancement for a diverse workforce.

¹ Shared services organizations or administrative services organizations are a concept that is somewhat commonplace in large organizations in the private sector. They can take on finance, accounting, IT, data analytics, contracts, human resources, real estate and other administrative activities. Shifting the time and resources for these tasks could allow human services organizations to focus more on program delivery.

b) The North Carolina Department of Health and Human Services should review state reporting and administrative requirements for human services organizations receiving state funding to:

i) Reform public agency contracting processes and grantmaking to:

1. Provide full and timely payment for services rendered, and
2. Fund administrative overhead at a minimum of 10 percent or the agency's federal- or state-approved indirect cost rate agreement, whichever is the most beneficial to the human services organization.

ii) Examine how reporting requirements may be streamlined and facilitated with use of NCCARE360.

iii) Minimize outdated, duplicative, conflicting, or overlapping state regulations within its control that impede efficient and effective service delivery.